

## FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

<b>Title of Invention</b>	ULTRA HIGH SPEED UNIFORM PLASMA PROCESSING SYSTEM																						
Application Number :																							
Date :																							
First Named Applicant:		Robert S Condrashoff																					
Attorney Docket Number:		NOR-1193																					
<b>TOTAL FEE AUTHORIZED \$ 770</b>																							
Patent fees are subject to annual revisions on or about October 1st of each year.																							
Filing as large entity																							
BASIC FILING FEE																							
<table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>1001</td><td>770</td><td>770</td></tr><tr><td colspan="3"></td><td>Subtotal For Basic Filing Fees: \$ 770</td></tr></tbody></table>				Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	1001	770	770				Subtotal For Basic Filing Fees: \$ 770								
Fee Description	Fee Code	Amount \$	Fee Paid \$																				
Utility Filing Fee	1001	770	770																				
			Subtotal For Basic Filing Fees: \$ 770																				
EXTRA CLAIM FEES																							
<table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 17</td><td>0</td><td>1202</td><td>18</td><td>0</td></tr><tr><td>Independent Claims : 2</td><td>0</td><td>1201</td><td>86</td><td>0</td></tr><tr><td colspan="3"></td><td colspan="2">Subtotal For Extra Claims Fees: \$ 0</td></tr></tbody></table>				Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 17	0	1202	18	0	Independent Claims : 2	0	1201	86	0				Subtotal For Extra Claims Fees: \$ 0	
Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$																			
Total Claims : 17	0	1202	18	0																			
Independent Claims : 2	0	1201	86	0																			
			Subtotal For Extra Claims Fees: \$ 0																				
<b>AUTHORIZED BILLING INFORMATION</b>																							
<b>The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b>																							
Deposit account number:		233000																					
Access Code		****																					
Deposit name:		WHE																					
Deposit authorized name:		WHE																					
Signature:		/William R. Allen/																					
Date (YYYYMMDD):		2004-07-13																					
Charge Assignment Fees Required Under 37 C.F.R. Section 1.21 (h).																							
Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.																							